

INFORMATION DISCLOSURE CITATION

ATTY. DOCKET NO.

4-31180B

APPLICATION NO.

10/601,690

APPLICANT

László Révész

FILING DATE

JUNE 23, 2003

Group 1624



Several sheets if necessary)

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
WR	AA	5,739,143	4/14/98	Adams et al.	544	275	12/11/96
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
WR	AM	95/13067	5/18/95	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AN	97/05878	2/20/97	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AO	99/21555	5/6/99	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AP	00/09506	2/24/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	AQ	00/63204	10/26/00	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

WR	AR	Rasmussen, PubMed Abstract, Dan Med Bull, Vol. 47, No. 2, pp. 94-114 (2000).
	AS	
	AT	

EXAMINER

DATE CONSIDERED

7/14/04

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

INFORMATION DISCLOSURE CITATION

(See several sheets if necessary)



FOREIGN PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
DP	CA	00/64894	11/2/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
DP	CB	00/69848	11/23/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CC						<input type="checkbox"/>	<input type="checkbox"/>
	CD						<input type="checkbox"/>	<input type="checkbox"/>
	CE						<input type="checkbox"/>	<input type="checkbox"/>
	CF						<input type="checkbox"/>	<input type="checkbox"/>
	CG						<input type="checkbox"/>	<input type="checkbox"/>
	CH						<input type="checkbox"/>	<input type="checkbox"/>
	CI						<input type="checkbox"/>	<input type="checkbox"/>
	CJ						<input type="checkbox"/>	<input type="checkbox"/>
	CK						<input type="checkbox"/>	<input type="checkbox"/>
	CL						<input type="checkbox"/>	<input type="checkbox"/>
	CM						<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
	CW						<input type="checkbox"/>	<input type="checkbox"/>
	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

EXAMINER

Angela Lang

DATE CONSIDERED

7/14/04

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